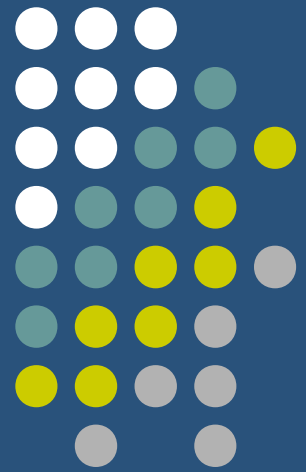
VA & DOD DIABETES EDUCATORS CONFERENCE

- **The purpose of this program is to expose participants to new management methodologies for implementing diabetes related evidence based practices and care coordination strategies.**
- **Describe how the use of the chronic care model in diabetes can promote patient-centered care designed to enhance the health of our veterans, military members and their dependants improving performance measures**
- **MOVE Program**
- **American Indian Veteran Diabetes Prevention Outreach**

Care Coordination Home TeleHealth

Diabetic Management Utilizing Home Based Technology

Jane Montgomery RNC, CCM
Lead Care Coordinator
GLA Office of Care Coordination
VISN 22
VA Greater Los Angeles



Care Coordination in VHA

- "*is the wider application of care and case management principles to the delivery of health care services using health informatics, disease management and TeleHealth technologies to facilitate access to care and improve the health of designated individuals and populations with the intent of providing the right care in the right place at the right time.”*

Care Coordination Home TeleHealth (CCHT)

- Care coordination involving home technologies and focused on supporting care in the home.

The Desert Pacific Network (VA VISN 22): A Geographic Challenge

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ATI Video Technology

KMEA Videophone

In-Home Survey Monitors

- Are a self-contained computer and touch screen monitor supporting commercial-off-the-shelf medical devices.

- Blood Pressure/Pulse meter,
- Thermometer,
- Pulse Oximeter,
- Glucose meter, or
- Digital Weight Scale.

- Most contain embedded Blue Tooth wireless technology for select medical devices.

- Can be configured to communicate via standard telephone line, broadband, and some with cellular service

- Does not interfere with existing telephone service.

Survey Monitors

Turtle 400 (Vitelnet)

- **Glucometer downloads 1X/day or each time**
- **Utilizes Roche cables compatible with Accucheck Advantage**
- **Allows adaptation of dialogs/questions**

Health Hero “Health Buddy”

- **Self reporting as often as needed in 24 hours**
- **Testing Roche cables with Accucheck Advantage**
- **365 dialogs: disease specific and co morbid diagnosis questions**

The ViTelCare™ Turtle 400

Survey Monitor

The ViTelCare™ Turtle 800

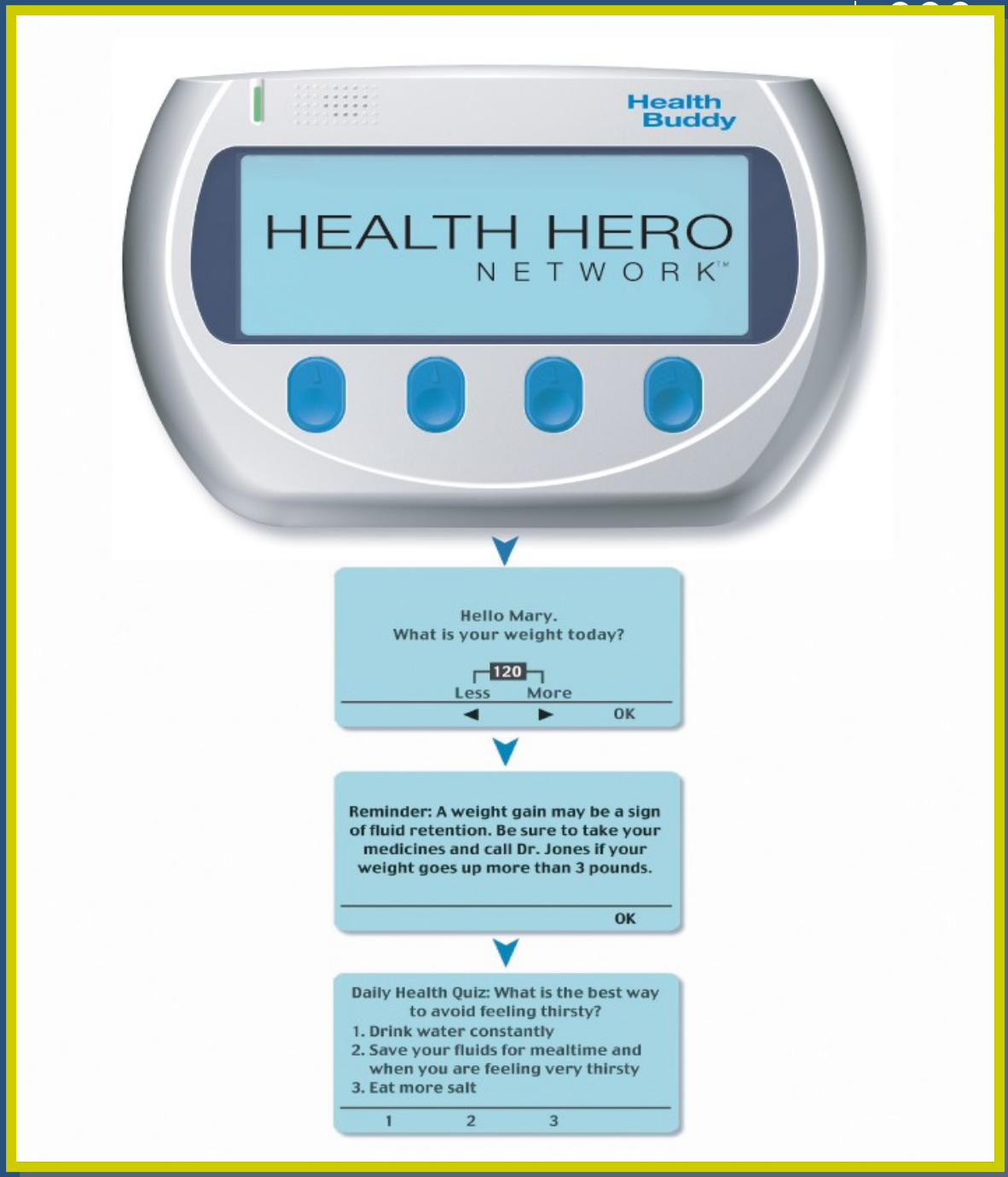
- Video over IP - high band width and low band width POTS video conferencing integration
- Optional electronic stethoscope integration
- Internal blood pressure
- Digital Weight scales
- Roche glucometer cables

“Health Buddy” by Health Hero

- **Supported medical devices: blood glucose meters**
  - **pulse oximeters**
  - **weight scales**
  - **blood pressure monitors**

  peak flow meters
- **365 days of disease specific dialogs coaches patients on their chronic condition; provides HIPPA compliant education**
- branching logic dialogs

Daily Survey Monitoring


Health Buddy
HEALTH HERO NETWORK
Hello Mary.
What is your weight today?
120
Less
More
OK
Reminder: A weight gain may be a sign of fluid retention. Be sure to take your medicines and call Dr. Jones if your weight goes up more than 3 pounds.
OK
Daily Health Quiz: What is the best way to avoid feeling thirsty?
1. Drink water constantly
2. Save your fluids for mealtime and when you are feeling very thirsty
3. Eat more salt
1
2
3

DIABETIC LIBRARY

- **84 dialogues, with 3 Trend questions: Blood glucose, Foot changes, and Medicine compliance.**

- **Outcomes measures include; Demographic, Geriatric Depression, Health Buddy Satisfaction, Resource utilization and SF 12**

Dialog Progressions

- Intro. to DM
- Blood sugar testing
- Disease process
- Hyperglycemia
- Hypoglycemia
- Medications
- Behavior changes/priorities
- Meals/Planning
- Prevention of Complications
- Exercise
- ER/Medical care
- Skin Care
- Social Resources
- Stress
- Insulin
- Foot Care
- Obesity
- Hypertension
- Diet and Nutrition

Risk Stratification

Red flags are individually checked . Notes/messages are entered into the computerized medical record.

The non-responders are listed at the bottom of the page.

HIPPA compliant

Find Patient: (Last Name) GO

Clara Barton
Thu, July 24, 2003

Health Hero NETWORK

Contact Health Hero | Help | Log Out

Home | Patient | Reports | Enrollment | Disenrollment | Schedule | Setup

Work List | Profile | Results | Trends | Notes

Use these options to change the work list below.

1. Show patients from which program? ——— All Programs ———
2. For which session date? 07/23/2003 (mm/dd/yyyy)
3. For which care manager? Clara Barton

Printer-friendly version

Create Work List

You are viewing sessions for **Jul 23, 2003 in the "All Programs"** program.
26 responses have been received and there are **3 non-responding patients**.

Date:

Responses on Wednesday, July 23, 2003

Patient	Response Time	Symptoms	Behavior	Knowledge	General
Patel, Krishna	02:58 PM PDT	High	High	High	None
Chamura, Mark	09:38 AM PDT	High	High	Medium	None
Lake, John F.	03:07 PM PDT	High	Medium	Medium	None
McAllister, Troy	01:09 PM PDT	High	Medium	High	None
Romeo, Julie R.	10:43 AM PDT	High	Medium	Medium	None
Zimman, Mary M.	05:14 AM PDT	High	Medium	Medium	None
Schmidt, Anna	02:17 AM PDT	Low	High	Medium	None
Fish, John F.	11:46 PM PDT	Medium	Medium	Low	None
Flock, Kimberly	06:19 PM PDT	Medium	Low	Medium	None
Garden, Herb E.	03:20 AM PDT	Medium	Low	Medium	None
Kawehara, Aolani	12:55 AM PDT	Medium	Low	Medium	None
Smith, Anna N.	07:22 PM PDT	Medium	Low	Medium	None
Soprano, Michael J.	05:29 PM PDT	Medium	Low	Medium	None
Rubenstein, David	01:02 AM PDT	Medium	Low	Medium	None
Kawehara, Aolani	08:31 AM PDT	Medium	Low	Low	None
Chen, Ying	06:36 PM PDT	Medium	Medium	Medium	None
Linton, Lloyd L.	03:00 PM PDT	Medium	Medium	Medium	None
Nguyen, Thanh	02:57 PM PDT	Medium	Medium	Medium	None
Parish, Jason M.	03:00 PM PDT	Medium	Medium	Low	None
Chen, Angela	09:38 AM PDT	Medium	Low	Medium	None
Garcia, Jose	03:07 PM PDT	Low	Medium	Medium	None
Jones, Barbara	01:09 PM PDT	Low	Medium	Medium	None
LeSur, Vincent A.	10:43 AM PDT	Low	Medium	Medium	None
Rodriguez, Francisco L.	05:14 AM PDT	Low	Medium	Medium	None
Smith, Elle	02:17 AM PDT	Low	Medium	Medium	None
Spencer, Sharleen A.	11:46 PM PDT	Low	Medium	Medium	None

Back to top

Non-Responders

Patient	Home Phone	Last HB Call	Last Response Date	Days Since Last Response
Mitchell, Dennis L.	650-789-5543	07/21/2003	07/21/2003	2
Silva, David	650-415-6789	07/20/2003	07/20/2003	3
Wilson, Cathy	555-555-5555	07/18/2003	07/18/2003	5

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Tasks associated with Results

- **Daily: All High Risk patients are contacted as to reason**
- **Entry into medical record**
- **Specialty and primary care physician are notified**
- **Monthly: all participants are contacted with entry into med record**
- **Summary monthly on all patients**

Diabetic Program / Las Vegas
Utilizing Viterion Survey Monitor Technology

Diane Rohrscheib RN

Care Coordinator, Home TeleHealth Program

Pre-CCHT Insulin Management

- **Blood sugar monitoring:**
  - Patients fill out glucose log-book and bring results to physician
  - Frequent clinic visits required – weekly or monthly
- **Process requirements:**
  - Approximately it require 9 to 12 month to bring blood sugars under control because of the availability of clinic appointment.
  - Each insulin adjustment require regular follow up visit
- **Compliance issues:**
  - Inconvenient for patients because of the frequent visit
  - Frequent clinic no-shows

    Patient non-compliance with treatment plan and checking blood glucose

Program Enrollment Criteria

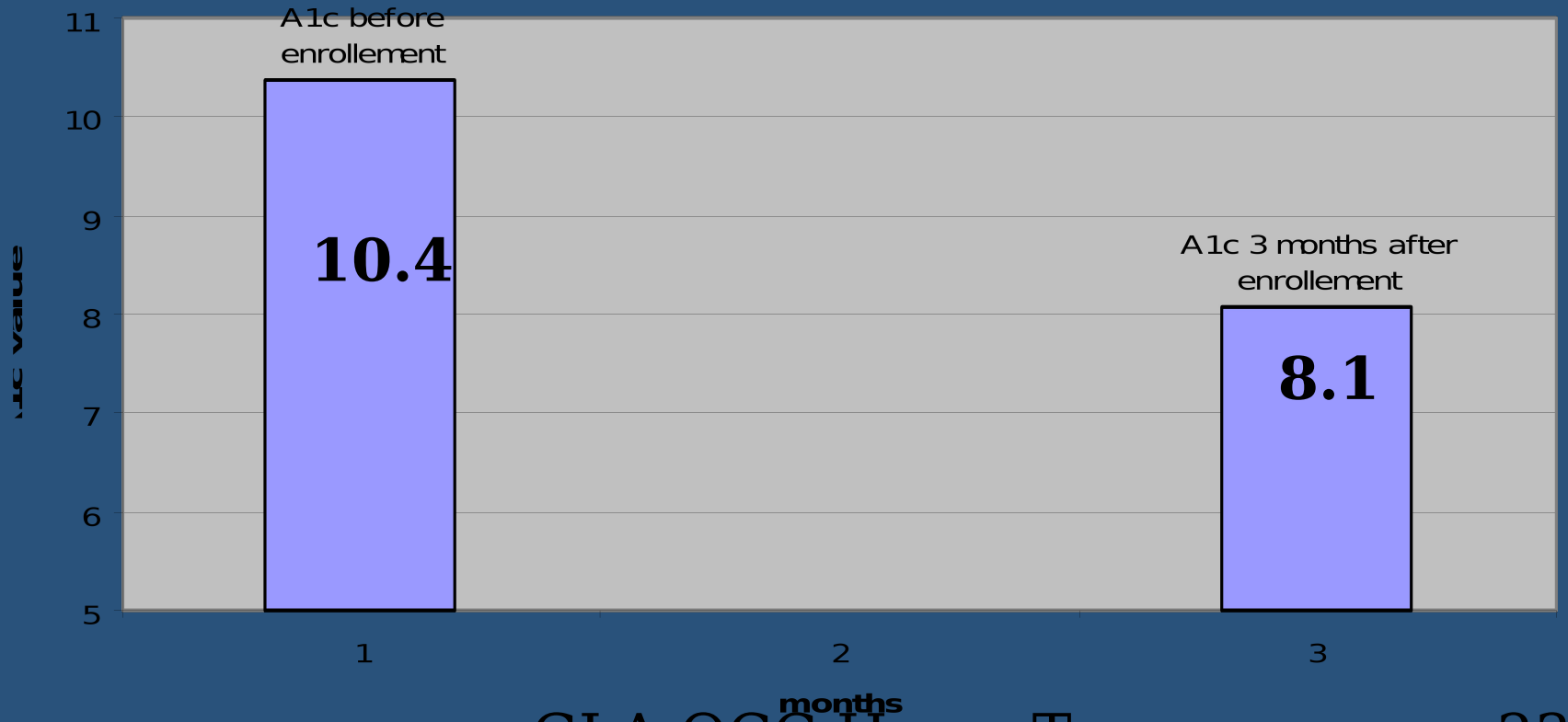
- Patient is a difficult to manage (insulin-dependent Diabetic)
- Patient has history of poor glycemic control
  - Hgb A1c > 9.0
  - Patients that require multiple clinic visits and more attention

- Additional considerations:
  - Taking 10 or more medications
  - Co-morbid conditions of CHF, uncontrolled HTN

Frequent dialog questions requiring intervention

- **Any low blood sugar symptoms in the past 24 hours?**
- **Any new or red open areas on your feet or body?**
- **Are you taking all medications ordered by your doctor?**
- **Are you having difficulty controlling your blood sugar?**

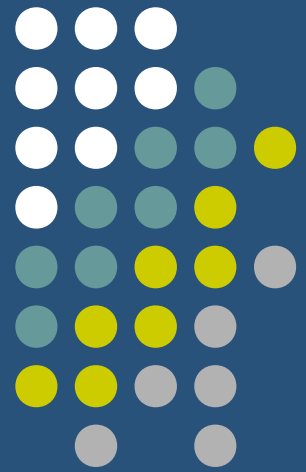
3 Month Enrollment Measures



Reduction in Clinic Visits

- **Based on 50 patients**
- **Physician time used in TeleHealth was ½ day a week**
- **Each insulin adjustment would equal a regular office visit**
- **Average 5 adjustments per patient**
- **Total clinic visits saved = 5 X 50 = 250 visits in the first 5 weeks of the program**
- **250 standard follow up visits = 12 clinic days; it required 2 ½ days in TeleHealth**
- **TeleHealth physician time over 3 months was 6 days**

Diabetic Program / GLA Utilizing Health Hero Survey Monitor Technology



Program Map

- **Service agreement with Diabetic clinic, Diabetic Education Program and Limb Preservation Clinic**
- **In-service providers, nursing staff**
- **Identify patients with Hgb A1aC >9**
- **Supply list, weekly, of qualified patients to clinic/class providers**
- **Specify criteria in medical record consult**
- **Educate, orient and consent patient to program**

Clinical Outcomes
Diabetic Control

Change in HgbA1c from enrollment value to Latest value	Total	%
HgbA1c decreased	55	51%
HgbA1c increased	5	5%
HgbA1c same	47	44%
Total	107	

PROJECTS

MOVE ! CCHT …Pilot in VISN 8

- Proposal to use dialogs and CCHT as a sub-set of MOVE
- Non-Institutional care separate
- Care or Case Management
- Health Promotion/ Disease Prevention
- Weight Management/Obesity dialogs

American Indian Veteran Diabetes Prevention Outreach

- Jane Weinreb MD, Diabetes Champion
- Len Kleinman, MD, GLA Director Telemedicine

1. Cost effective lifestyle counseling program
2. Video recorded training program
3. A train-the-trainer course conducted by a Native American with DPP experience for trainees from 3 Indian Health Service Clinics in the GLA catchment area
4. Distribution to Indian Health Service partner clinics in the GLA service area. (scheduled for completion by the end of FY 07.)

We’re getting there!